

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000012291

Entity Name: MEDICAREINSURANCE.COM LLC

Current Principal Place of Business:

844 WILLIAMS LANE
PORT ORANGE, FL 32127

Current Mailing Address:

844 WILLIAMS LANE
PORT ORANGE, FL 32127 US

FEI Number: 83-3415050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTOFORAKIS, CONSTANTINE
844 WILLIAMS LANE
PORT ORANGE, FL 32127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name CHRISTOFORAKIS, CONSTANTINE
Address 844 WILLIAMS LANE
City-State-Zip: PORT ORANGE FL 32127

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONSTANTINE CHRISTOFORAKIS

MANAGING DIRECTOR

04/30/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date